

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	24		02/12/01
O.I.P.E. CLASSIFIER	24	32	2/28
FORMALITY REVIEW	24	1030	3-9-01
RESPONSE FORMALITY REVIEW	24		

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	✓ 4/2/02
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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